

Form 89b - Authorization

Page 1 of 1



Certification of Line of Duty Injury/
Authorization for Treatment
PD 429-052 (12-06)

Medical Bills Number: 2011014235

Clinic: Robert E. Thomas Health Care Unit

Date: 7/22/2011

Doctor / Group Authorized: ANY PROVIDER

To Be Rendered To: MASSO WILLIAM

Tax Number:

Social Security Number:

LOD Injury On: Jul 21 2011

Diagnosis: INJURY TO (L) KNEE

Services Authorized:

MRI (L) KNEE

Specific Questions to be answered by the above named Provider:

NOTICE TO PROVIDER

This Authorization is valid for 90 days after issuance.

UPON COMPLETION OF THE SERVICES RENDERED SUBMIT:

- 1) AN ORIGINAL BILL BEARING YOUR TAX ID
- 2) A LEGIBLE REPORT OF YOUR FINDINGS
- 3) THE ORIGINAL AUTHORIZATION (Copies can NOT be scanned)

Mail all THREE items to the NEW YORK CITY POLICE DEPARTMENT AT THE ADDRESS INDICATED
BELOW:

Robert Thomas Health Care Unit

59-17 Junction Blvd - Room 1524
Corona NY 11368

Payment will be made at New York State Compensation rates only.

This authorization is valid only for the Provider named above.

Payment will not be made unless the Three (3) items are forwarded as indicated above.

~~Bills for services rendered should be submitted in a timely fashion.~~

2011014235::904475

Chief Surgeon



Certification of Line of Duty Injury/
Authorization for Treatment
PD 429-052 (12-06)

Medical Bills Number: 2011017531

Clinic: Robert E. Thomas Health Care Unit
Doctor / Group Authorized: DR. SCLAFANI

Date: 9/6/2011

To Be Rendered To: MASSO WILLIAM
Social Security Number:

Tax Number:
LOD Injury On: Jul 21 2011

Diagnosis: LEFT KNEE INJURY

Services Authorized:

SECOND OPINION - Initial Visit plus X-Ray and 1 Follow Up Visit

Specific Questions to be answered by the above named Provider:

NOTICE TO PROVIDER

This Authorization is valid for 90 days after issuance.
UPON COMPLETION OF THE SERVICES RENDERED SUBMIT:

- 1) AN ORIGINAL BILL BEARING YOUR TAX ID
- 2) A LEGIBLE REPORT OF YOUR FINDINGS
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2011017531::904475

Chief Surgeon

1660 EAST 14TH STREET
BROOKLYN, NY 11229
718-375-0011
718-375-3305

ORTHOPEDIC ASSOCIATES, P.C.

942 FIFTH AVENUE
NEW YORK, NY 10021
212-734-4504
212-249-5463

Progress Note

DICTATING PHYSICIAN: Joseph D'Angelo, M.D.

DATE: August 30, 2011

PATIENT NAME: William Masso

CHART NUMBER:

The patient is evaluated post having sustained injury while on the job as a police officer when he was attempting to apprehend a propitiator and sustained an injury involving the left knee. There is a torn medial meniscus with chondromalacia of the patella. Guarded prognosis is explained. He understands that an operative arthroscopy is one of the options and he will consider other options including no treatment which he does not feel is a suitable option. He will return for this final decision in the next several days. At this time, a formal authorization is being requested from the carrier. The authorization of this is being requested just for an operative arthroscopy.

JD-tz/

** WORK COPY - NOT FOR MEDICAL RECORD **

Progress Notes

NOTE DATED: 07/21/2011 06:47 ED PATIENT DISCHARGE INSTRUCTIONS
VISIT: 07/21/2011 02:29 EMERGENCY DEPARTMENT

DIAGNOSIS

Syncope (Vasovagal);780.2

~~_____~~
Knee Contusion;924.11

DISCHARGE INTRUCTIONS:

return to ED if you have any concerns or symptoms return

You have been evaluated today by an independent healthcare provider practicing Emergency Medicine. In most cases follow-up care is recommended with your regular Doctor, HMO or Clinic within 2 days.

Follow Up With PMD: Your PMD in 1 Week(s)

MEDICATION RECONCILIATION

ALLERGIES

No Known Allergies

HOME MEDICATIONS

1) ROSUVASTATIN CA 20MG TAB

Dosage: 20MG, Schedule: AT BEDTIME

MEDICATIONS GIVEN IN THE EMERGENCY DEPARTMENT

No data available

MEDICATIONS PRESCRIBED UPON DISCHARGE

** THIS NOTE CONTINUED ON NEXT PAGE **

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MASSO, WILLIAM

LUTHERAN MEDICAL CENTER

Printed: 07/21/2011 07:00

0000715311 DOB:

Pt Loc: OUTPATIENT

Ph:

===== CONFIDENTIAL INFORMATION =====

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Progress Notes


07/21/2011 06:47

*** CONTINUED FROM PREVIOUS PAGE ***

If the symptoms worsen or new symptoms develop return to the Emergency Department (ED) immediately. Call your doctor for additional questions.



RN Signature



Patient signature

Signed by: /es/ ANGELA CABA
PHYSICIAN
07/21/2011 06:49

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MASSO, WILLIAM LUTHERAN MEDICAL CENTER Printed: 07/21/2011 07:00
0000715311 Pt Loc: OUTPATIENT Ph:
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